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PTO/SB/21 (6-98)

Approved for use through 09/30/2000. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number  
09/652,533

Filing Date  
August 31, 2000

First Named Inventor  
Gurtej S. Sandhu

Group Art Unit  
2823

Examiner Name  
W. Brewster

Total Number of Pages in This Submission

Attorney Docket Number  
MI22-1385

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	PTO-1449, cited reference
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	A check for \$180.00
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		Customer No. 021567
The Commissioner is hereby authorized to charge any additional fees required under 37 C.F.R. § 1.16 and § 1.17 and credit any overpayments to account no. 23-0925.		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	James E. Lake Reg. No. 44,854; Wells St. John P.S.
Signature	
Date	04 Dec 2002

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

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PTO/SB/17 (12/99)

Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

# FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

**TOTAL AMOUNT OF PAYMENT** (\$180.00)

## Compt if Known

Application Number	09/652,533
Filing Date	August 31, 2000
First Named Inventor	Gurtej S. Sandhu
Examiner Name	W. Brewster
Group / Art Unit	2823
Attorney Docket No.	MI22-1385

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 23-0925

Deposit Account Name Wells St. John P.S.

Charge Any Additional Fee Required  
Under 37 CFR §§ 1.16 and 1.17

2.  Payment Enclosed:

Check  Money  Order  Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 690	201 345	Utility filing fee			0.00
106 310	206 155	Design filing fee			
107 480	207 240	Plant filing fee			
108 690	208 345	Reissue filing fee			
114 150	214 75	Provisional filing fee			

**SUBTOTAL (1) (\$0.00)**

### 2. EXTRA CLAIM FEES

Extra Claims	Fee from below	Fee Paid
Total Claims (0 - 20** = 0)	x 0	= 0
Independent Claims (0 - 3** = 0)	x 0	= 0
Multiple Dependent	(0)	= 0

\*\*or number previously paid, if greater; For Reissues, see below

### Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20	
102 78	202 39	Independent claims in excess of 3	
104 260	204 130	Multiple dependent claim, if not paid	
109 78	209 39	** Reissue independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	

**SUBTOTAL (2) (\$0.00)**

Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$180.00)**

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	James E. Lake	Registration No. (Attorney/Agent)	44,854	Telephone US-509-624-4276
Signature		Date	04 Dec 2002	

## WARNING:

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